PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL 128-672
8110 8115 8120 8205
MAR 22 2001

SECTION A

1. Company Name A + F Electroplating, Inc.
2. Permit Number if applicable: 25200003
3. Location: 106 Ashland Ave., West Orange NJ
   Zip Code: 07052
4. Mailing Address SAME
   Zip Code:
5. Person to contact concerning information provided in this application:
   Name of Contact Official: Frank Chabala
   Title: President Phone No. 736-43~~46~~
   Address Same Zip code
6. Number of Employees – Full Time: 4 Part Time: 1
   Number of Work Days Per Year: 270
   Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):
   N/A
   Assessed Value: 19
8. If property is rented indicate name and address of owner:
   Frank + Lucielle Chabala
   Llewellyn Park, West Orange, NJ
   Total square feet rented: 4400
9. List NJPDES Permit Number if applicable, N/A and
   Name of receiving Body of Water entered N/A

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased	(Y) - N		
Well	(Y) - N	If Y, is it metered	(Y) - N
River	Y - (N)	If Y, is it metered	Y - N

11. Name of purchased water supplier: New Jersey American Water Co

List all Account #'s: 200 - 01940091 - 00

12. Water Received: From Mo. 1 Yr. 2000 Through Mo. 12 Yr. 2000

(* Next to a figure means it is estimated).

	PURCHASED	WELL	RIVER	TOTAL
1st Qtr.	37,000	251,000	—	288,000
2nd Qtr.	28,200	236,200	—	264,400
3rd Qtr.	25,900	228,400	—	254,300
	31,600	220,800	—	252,400

GRAND TOTAL 1,059,100 gal

Report in gallons

288,000.+
264,400.+
254,300.+
252,400.+
004
1,059,100.*

d Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
122,700.+			
889,580.+	122,700		
46,820.+	889,580		
003			
1,059,100.*			
			46,820
Other (describe)			

GRAND TOTAL 1,059,100 gal

All WATER DATA FROM MR-2 REPORTS PREVIOUSLY SUBMITTED

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y (N)
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
N/A			

SECTION C

OPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous ✓

or intermittent _____ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed:

Electroplating of Customer Parts

List SIC CODE #: 3471

18. Principal Raw Materials used: Nickel, Copper, Zinc, Cadmium, Cyanide

19. Principal Products or Services: Job Shop Electroplating

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? Yes If so, is it basically the same time each year. Yes Provide dates usually shutdown Last 2 weeks of July

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 pH RECORDER

Outlet 2 SANITARY ONLY

Outlet

22. Sampling information:

Outlet	Contains Industrial Waste	Sampler Type	Refrigerated
1	Yes	Composite	Yes
2	NO	N/A	N/A

SECTION D (continued)

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Y - N)	Type	Date
25200003-1	3,295	Y	WATER METER ON WELL	
25200003-2	454	Y	INCOMING WATER METER	

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing: Attached

(a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);

(b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).

(c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E

ANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 25200003 - 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	**Parameter**	**Value**	**Code**	**Parameter**	**Value**
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
(2) See instructions.
(3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

Sample ANALYSES will be provided upon RECEIPT from Laboratory

SECTION E (continued)

Samples collected by: FRANK CHABALA

Date:

Sample analyzed by: Integrated Analytical Labs Date:

Products being manufactured when sample was collected: NORMAL
Electroplating

27. Who performs the analyses of the samples for User Charge?
Integrated Analytical Labs

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?
Integrated Analytical Labs

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F

PRETREATMENT

32. Industrial Category: 40 CFR 413.14 Electroplating
Subpart (s): A

33. Compliance date(s): 4-27-1984

34. Is facility in compliance? Yes If not, and if compliance date has passed, explain actions being taken to get into compliance:

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 10-16-85

36. Compliance schedule submitted: N/A
If yes is facility on schedule? N/A Explain if compliance date will not be met:

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe NO

38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe NO

39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N NO

40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: N/A

Is there any plan to discharge groundwater?
NO

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Frank Chabala

Print Name

TITLE: President

3-20-01

DATE

F Chabala

SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

a. Principal Officer of Corporation

b. President or Owner of Company

c. General Partner if a Partnership

d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
Acenaphthene					2,4 dimethylphenol				
acrolein					2,4 dinitrotoluene				
acrylonitrile					2,6 dinitrotoluene				
benzene					1,2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
					4-chlorophenyl phenyl ether				
chlorobenzene					4-bromophenyl phenyl ether				
1,2,4-trichchlorobenzene					bis(2-chlorosispropyl) ether				
hexachlorobenzene					bis(2-chloroethoxy) methane				
1,2 dichloroethane					methylene chloride(dichloromethane)				
1,1,1 trichlorethane									
hexachloroethane					methyl chloride (chloromethane)				
1,1,dichloroethane									
1,1,2 trichloroethane					methyl bromide (bromomethane)				
1,1,2,2 tetrachloroethane									
chlorethane					bromoform(tribomomethane)				
bis(chloromethyl) ether					dichlorobromomethane				
Bis(2 chloroethyl) ether					trichlorofluoromethane				
2-chloroethyl vinyl ether mixed					dichclorodifuoromethane				
2-chloronaphthalene					chlorodibromomethane				
2,4,6, trichlorophenol					hexachlorobutadiene				
parachlorometa cresol					hexachlorocyclopentadiene				
Chloroform (trichloromethane)					isophorone				
2 chlorophenol					naphthalene				
1,2, dichlorobenzene					nitrobenzene				
1,3, dichlorobenzene					2-nitrophenol				
1,4, dichlorobenzene					4-nitrophenol				
3,3, dichlorobenzidine					2,4-dinitrophenol				
1,1,dichloroethylene					4,6 dinitro-o cresol				
1,2 trans-dichloroethylene					N-nitrosodimethylamine				
2,4,dichlorophenol					N-nitrosodiphenlamine				
1,2, dichloropropane					N-nitrosodi-n-proplyamine				
1,3, dichloropropylene					pentachlorophenol				
(1,3 dichclor propene)					phenol				

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			↑		endrin			↑	
butylbenzylphthalate					endrin aldahyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthane					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony(total)				
indeno (1,2,3-c,d) pyrene					arsenic (total				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)			↓	
toluene					cadmium (total)	X			
trichloroethylene					chromium (total)			X	
vinyl chloride					copper (total)	X			
aldrin					cyanide (total)	X			
dieldrin					lead (total)	X			
chlordane					mercury (total)			X	
4,4 DDT					nickel (total)	X			
4,4, DDE					selenium (total)			X	
4,4, DDD					silver (total)			X	
endosulfan 1					thallium (total)			X	
endosulfan 11					zinc (total)	X			
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo			X	
			↓		p-dioxin			X	

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acrylamide					n,n-dimethyl aniline				
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
anilne hydrochloride					dioxane				
anisole					diphynylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloraniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylidines				
1,3-dichloropropene									
1,3-dimethoxybenzidine									

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde					isopropanolamine				
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro-phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro-diphenylethane)				
diquat					2,4,5-TP 2(2,4,5-trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin					trimethylamine				
					propanoic acid				

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
ethanolamine					uranium				
ethion					vanadium				
ethylene diamine					vinyl acetate				
ethylene dibromide					xylene				
formaldehyde					xylenol				
furfural					zirconium				
guthion									
isoprene									

A. KNOWN TO BE PRESENT
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE
(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

A+F Electroplating Inc
Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

N/A
Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☒ Corporation
- ☐ Other (describe)
- ☐ Trust
- ☐ Joint Venture
- ☐ Non-Profit Corporation
- ☐ Limited Liability Company

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Frank Chabala
Street Address: Llewellyn Park
City, State & Zip Code: West Orange, NJ 07052
Business Telephone: 736-4333
Emergency Telephone: 731-8133

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: N/A

Company Name: _____

Street Address: _____

City, State & Zip Code: _____

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: NJ

Date: 1964

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.

☐ General partnership ☐ Limited Partnership

PARTNERS: Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____

Street Address: _____

City, State & Zip Code: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

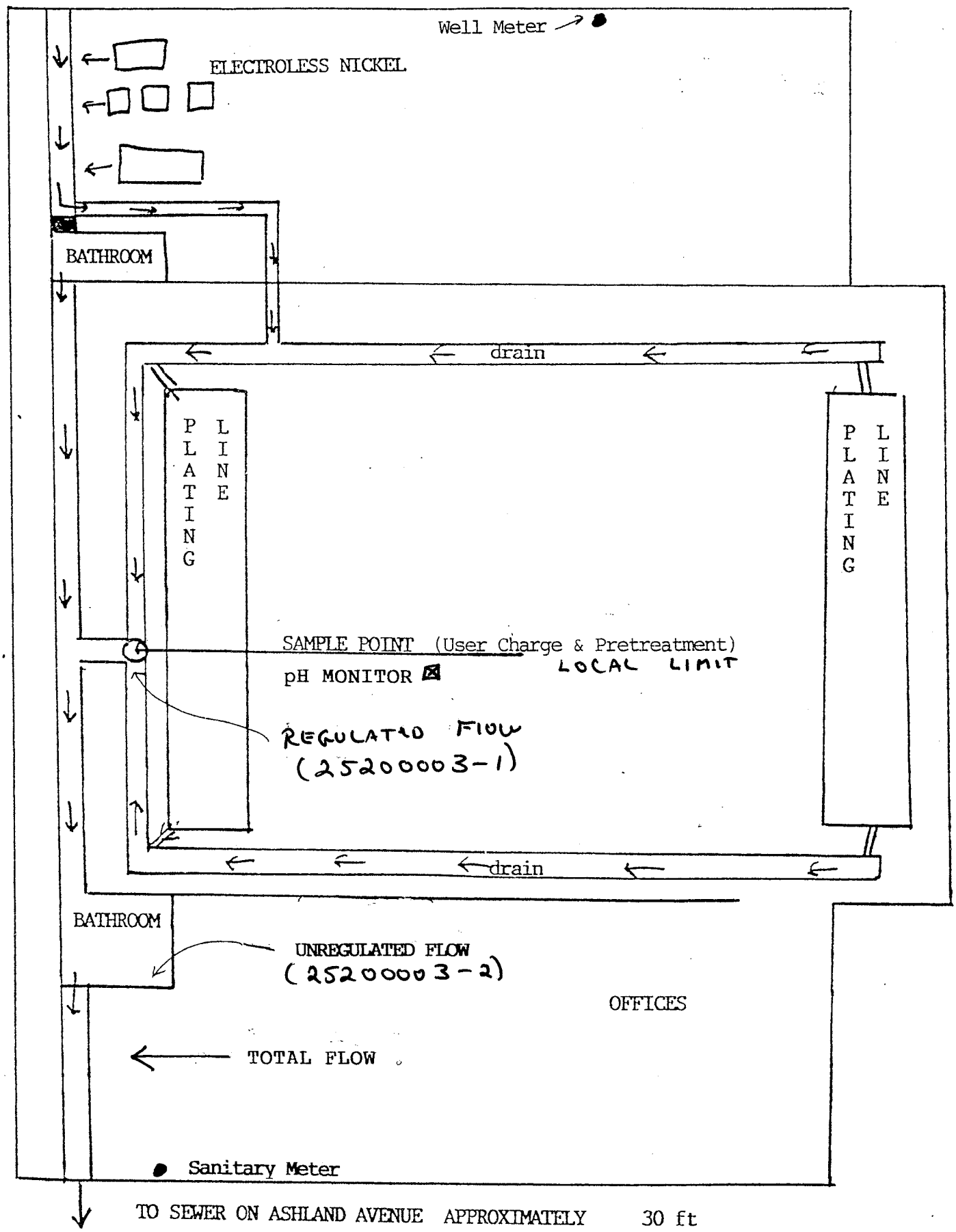
Dated: 3-20-01

Signature

Frank Chabala, President

Print Title & Position

A & F ELECTROPLATING INC.
106 ASHLAND AVENUE, W. ORANGE



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

Industrial Fax: (973) 344-4876

RECEIPT FOR

APPLICATION FEE

PERMIT FEE

Received from: A + F. Electroplating Inc.

Address: 106 Ashland Ave. W. Orange, N.J. 07052

Amount of Payment: $750.00

Date of Payment 3/22/01

Payment Received by: _____

Signature: _____

Amount: 750 00 Date: 3/23/01

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL 120-672
8110 8115 8120 8205
MAR 22 2001

SECTION A

1. Company Name A + F Electroplating, Inc.
2. Permit Number if applicable: 25200003
3. Location: 106 Ashland Ave., West ORANGE NJ
   Zip Code: 07052
4. Mailing Address SAME
   Zip Code:
5. Person to contact concerning information provided in this application:
   Name of Contact Official: Frank Chabala
   Title: President Phone No. 736-4333
   Address Same Zip code
6. Number of Employees – Full Time: 4 Part Time: 1
   Number of Work Days Per Year: 270
   Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):
   N/A
   Assessed Value: 19
8. If property is rented indicate name and address of owner:
   Frank + Lucille C.I.I.

13777

A & F ELECTROPLATING, INC.
106 ASHLAND AVENUE
WEST ORANGE, NJ 07052
(973) 736-4344

PNC BANK, N.A.
NEW JERSEY 060
55-760-312

3/21/2001

$ **750.00

PAY TO THE ORDER OF Passaic Valley Sewerage Comm. DOLLARS

Seven Hundred Fifty and 00/100**********

Passaic Valley Sewerage Comm.

MEMO Permit Renewal Fee

Lucille Chavara, Inc.

⑈013777⑈ ⑆031207607⑆ 8101453216⑈

Security features included. Details on back.

SECTION E A&F Electroplating 120-1102

ANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 25200003 - 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l			
Code	Parameter	Value	Code	Parameter	Value	
0200*	Radioactivity (PL-1)	X	1097*	Antimony (Sb)	X	
0500	Total Solids	801 mg/L	1002*	Arsenic (As)	X	
0505	Volatile Solids	249 mg/L	1022*	Boron (B)	X	
0530	Total Suspended Solids	5.5 mg/L	1027	Cadmium (Cd)	0.0152	mg/L
0540	Volatile Suspended Solids	<5.0 mg/L	1034*	Chromium Total (Cr)	X	
0555	(1)(3) Petroleum Hydrocarbons	8.50 mg/L	1042	Copper (Cu)	0.421	mg/L
0310	Biochemical Oxygen Demand (BOD)	8.0 mg/L	1045*	Iron (Fe)	X	
			1051	Lead (Pb)	0.0214	mg/L
0340	Chemical Oxygen Demand (COD)	24 mg/L	0720*(3)	Cyanide (Cn)	0.856	mg/L
			1900	Mercury (Report to 0.XXX)	<0.0005	mg/L
0680	Total Organic Carbon (TOC)	7.93 mg/L	1067	Nickel (Ni)	1.16	mg/L
			1147*	Selenium (Se)	X	
9000	pH(standard unit range)	NA	1077*	Silver (Ag)	X	
0610	(1) Ammonia as N	1.35 mg/L	1102*	Tin (Sn)	X	
0550	(1)(3) Total Oil & Grease	1.26 mg/L	1092	Zinc (Zn)	0.406	mg/L
0745*	(1) Sulfide	X	2730	Phenol	< 0.05 mg/L	
0507*	(1) Ortho Phosphates as P	X	4053*	Pesticides (Report to 0.XXX)	X	
0625*	(1) Kjeldahl N as N	X				
9998*	(2)(3) TTO (Report to 0.XXX)	X	9999*(3)	TTVO (Report to 0.XXX)	V	

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.

(2) See instructions.

(3) Grab sample required

Rev. 1/87 8/89 7/90 9/94 8/95 11/95 07/98

Sample ANALYSES will be provided upon RECEIPT from Laboratory

- ALL samples (except Hg 3/6/01) collected on 4-6-01
- Company has pH recorder on Unit
- Company has an Approved TTO management plan on file

Integrated Analytical Laboratories, LLC.

273 Franklin Road
Randolph, N.J. 07869

Phone: 973 361-4252
Fax: 973 989-5288

ANALYTICAL DATA REPORT

for

A&F Electroplating
106 Ashland Ave
W. Orange,NJ 07052

Project Name: PVSC MONITORING
Lab Case Number: E01-2172

MDL = METHOD DETECTION LIMIT < = LESS THAN THE MDL

General Analytical

Lab ID: 2172-001
Client ID: 01
Percent Moisture: 100

Date Sampled: 4/5/01
Time Sampled: 09:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Cyanide, Amenable	0.856	0.020	Aqueous-mg/L	4/11/01

Metals

Lab ID: 2172-002
Client ID: 02
Matrix-Units: Aqueous-mg/L
Percent Moisture: 100

Date Sampled: 4/5/01
Time Sampled: 16:00
Date Analyzed: 4/9/01

Parameter	Result	Q	MDL
Cadmium	0.0152		0.005
Copper	0.421		0.020
Lead	0.0214		0.020
Nickel	1.16		0.010
Zinc	0.406		0.010

Integrated Analytical Laboratories, LLC.

273 Franklin Road
Randolph, N.J. 07869

Phone: 973 361-4252
Fax: 973 989-5288

ANALYTICAL DATA REPORT

for

A&F Electroplating
106 Ashland Ave
W. Orange,NJ 07052

Project Name: PVSC MONITORING
Lab Case Number: E01-2172

MDL = METHOD DETECTION LIMIT < = LESS THAN THE MDL

General Analytical

Lab ID: 2172-002
Client ID: 02
Percent Moisture: 100

Date Sampled: 4/5/01
Time Sampled: 16:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Total Suspended Solids	5.5	5	Aqueous-mg/L	4/10/01
Biochemical Oxygen Demand	8	2	Aqueous-mg/L	4/6/01
Total Volatile Solids	249	10	Aqueous-mg/L	4/11/01
Volatile Suspended Solids	< 5	5	Aqueous-mg/L	4/10/01
Total Solids	801	10	Aqueous-%	4/11/01

All required protocols were followed during analyses. These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D
Laboratory Director

Phone # (201) 361-4252
FAX #(201) 989-5288

INTEGRATED ANALYTICAL LABORATORIES
CHAIN OF CUSTODY

273 Franklin Rd
Randolph, NJ 07869

CLIENT & PROJECT		MAILING & BILLING	
Customer:	A&F ELECTROPLATING	Send Report To:	ENVIRO-COMP, INC.
Address:	106 Ashland Avenue West Orange, NJ 07052	Address:	465 Palisade Ave Garfield, NJ 07026
Telephone:			
FAX:		Send Invoice To:	ENVIRO-COMP, INC.
Project Name:	PVSC MONITORING	Address:	
Project Manager:			
Reference ID#	PO#:		

Turnaround Time

Conditional / TPHC: 24 hr* 48 hr 72 hr 1 wk (NA) Other:
Verbal/Fax: 24 hr* 48 hr* 72 hr* 1 wk (2 wk) Other:
Hard Copy: 72 hr* 1 wk* 2 wk (3 wk) Other:
*Prior to sample arrival, Lab notification is required.

Report Format

(Standard) Regulatory Reduced/Tier II
Other:

SAMPLE INFORMATION

Sample Matrix: A - Aqueous, S - Soil, SL - Sludge, W - Waste, X - Other, O - Oil
Lab Case #

Sample ID	Sample Description	Sampling Date	Time	am	pm	Matrix	# of Containers	Lab ID	AMEN	CN	BOD	TSS	VS VSS TS	CD	PB	CU	NI	ZN	HG	AS	Comments
01	Grab Sample	4/5/01	9:00	X		A	1		X												
02	Composite Samp	4/5/01	4:00		X	A	2				X	X		X	X	X	X	X			

ANALYTICAL REQUESTS / PRESERVATIVES

Preservatives: 1. HCL 3. HNO 2. NaOH 4. H2SO 5. Other 6. Other
COOLER TEMP.

CUSTODY LOG

	Sign	Date	Time	am	pm	Organization	Reason
Relinquished:		4/6/01	10:45	X		AE	
Received:		4/6/01	10:?1			ECI	
Relinquished:		4/6/01	2:15		J	ECI	
Received:		4/6/01	2:5		J	ECI	
Relinquished:		4/6/01	326				
Received:		4/6/01	3:26		2	EAL	

LAB COPIES - WHITE & YELLOW; CLIENT COPY - RED

Concentrations Expected: LOW MED HIGH
Known Hazard: yes no
Describe:

MDL's
Comments: ~~AS = 0.15 ppm~~

2172

PAGE: 1 OF 1

Integrated Analytical Laboratories, LLC.

273 Franklin Road
Randolph, N.J. 07869

Phone: 973 361-4252
Fax: 973 989-5288

ANALYTICAL DATA REPORT

for

A&F Electroplating
106 Ashland Ave
W. Orange,NJ 07052

Project Name: PVSC PERMIT RENEWAL
Lab Case Number: E01-2188

MDL = METHOD DETECTION LIMIT < = LESS THAN THE MDL

General Analytical

Lab ID: 2188-001
Client ID: 01
Percent Moisture: 100

Date Sampled: 4/5/01
Time Sampled: 09:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Total Petroleum Hydrocarbons	1.26	0.500	Aqueous-mg/L	4/12/01
Oil & Grease	8.50	5.00	Aqueous-mg/L	4/11/01

General Analytical

Lab ID: 2188-002
Client ID: 02
Percent Moisture: 100

Date Sampled: 4/5/01
Time Sampled: 16:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Phenol	< 0.050	0.050	Aqueous-mg/L	4/10/01
Chemical Oxygen Demand	24	5	Aqueous-mg/L	4/12/01
Total Organic Carbons	7.93	1.00	Aqueous-mg/L	4/9/01
Ammonia-Nitrogen-NH3-N	1.35	0.200	Aqueous-mg/L	4/10/01

All required protocols were followed during analyses. These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D
Laboratory Director

The liability of Integrated Analytical Laboratories, LLC. is limited to the actual cost of the analyses performed.

New Jersey Certified Lab # 14751

New York Certified Lab # 11402

Phone # (973) 361-4252
Fax # (973) 989-5288

INTEGRATED ANALYTICAL LABORATORIES
CHAIN OF CUSTODY

273 Franklin Rd
Randolph NJ 07869

CLIENT & PROJECT

Name: A+F Electroplating	
Address: 106 Ashland Ave West Orange, NJ 07052	
Telephone #:	
Fax #:	
Project Name: PVSC Permit Renewal	
Project Manager:	
Reference ID#: PO#:	

REPORTING

Fax to: ENVIRO-COMP	
Fax #:	
Report to: ENVIRO-COMP	
Address:	
Invoice to: ENVIRO-COMP	
Address:	

Turnaround Time

Conditional / TPHC
24 hr* 48 hr 72 hr 1 wk (NA) Other:

Verbal/Fax
24 hr* 48 hr* 72 hr* 1 wk* (wk) Other:

Hard Copy
72 hr* 1 wk* 2 wk* (3 wk) Other:

*Prior to sample arrival, Lab notification is required.

Report Format

(Results Only)
Reduced
Regulatory
SRP Disk**: dbf or wk1
Other:

ANALYTICAL PARAMETERS / PRESERVATIVES

** Circle format required

Preservatives: 1. HCL 3. HNO_3 2. NaOH 4. H_2SO_4 5. MeOH 6. Other

COOLER TEMP 4 °C

SAMPLE INFORMATION

SAMPLE MATRIX: W - Waste, SL - Sludge, A - Aqueous, O - Oil, X - Other, S - Soil, GW - Groundwater, SOL - Solid

Sample ID	Sample Description	Sampling Date	Sampling Time	am	pm	Matrix	# of Containers	Lab ID	TPHC	Oil & Grease	COD	TOC	NH3	Phenolics	Comments
01	Comb Sample	4/5/01	9:00	X		A	2	01	X	X					
02	Sample Sample	4/5/01	4:00		X	A	4	2			X	X	X	X	

Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any ambiguities have been resolved.

Concentrations Expected: LOW MED HIGH

Known Hazard yes no
Describe

CUSTODY LOG

Signature	Date	Time	Signature
Relinquished by:	4/6/01	10:45	Received by:
Relinquished by:	4/6/01	2:15	Received by:
Relinquished by:	4/6/01	3:36	Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

LAB COPIES - WHITE & YELLOW; CLIENT COPY - PINK

Comments:

Lab Case #: 2188

PAGE: 1 OF 1

Integrated Analytical Labs

Integrated Analytical Laboratories, LLC.

273 Franklin Road
Randolph, N.J. 07869

Phone: 973 361-4252
Fax: 973 989-5288

ANALYTICAL DATA REPORT

for

A&F Electroplating
106 Ashland Ave
W. Orange,NJ 07052

Project Name: PVSC SAMPLING
Lab Case Number: E01-1476

MDL = METHOD DETECTION LIMIT

< = LESS THAN THE MDL

General Analytical

Lab ID: 1476-001
Client ID: 01
Percent Moisture: 100

Date Sampled: 3/8/01
Time Sampled: 10:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Cyanide, Amenable	0.283	0.020	Aqueous-mg/L	3/15/01

Metals

Lab ID: 1476-002
Client ID: 02
Matrix-Units: Aqueous-mg/L
Percent Moisture: 100

Date Sampled: 3/8/01
Time Sampled: 16:00
Date Analyzed: 3/12/01

Parameter	Result	Q	MDL
Cadmium	0.122		0.005
Chromium	0.449		0.010
Copper	0.440		0.020
Lead	0.0458		0.020
Mercury	< 0.0005		0.0005
Nickel	1.52		0.010
Zinc	0.397		0.010

New Jersey Certified Lab # 14751

New York Certified Lab # 11402

Integrated Analytical Laboratories, LLC.

273 Franklin Road
Randolph, N.J. 07869

Phone: 973 361-4252
Fax: 973 989-5288

ANALYTICAL DATA REPORT

for

A&F Electroplating
106 Ashland Ave
W. Orange,NJ 07052

Project Name: PVSC SAMPLING
Lab Case Number: E01-1476

MDL = METHOD DETECTION LIMIT < = LESS THAN THE MDL

General Analytical

Lab ID: 1476-002
Client ID: 02
Percent Moisture: 100

Date Sampled: 3/8/01
Time Sampled: 16:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Total Suspended Solids	< 5.00	5.00	Aqueous-mg/L	3/12/01
Biochemical Oxygen Demand	3	2	Aqueous-mg/L	3/9/01

All required protocols were followed during analyses. These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D
Laboratory Director

The liability of Integrated Analytical Laboratories, LLC. is limited to the actual cost of the analyses performed.

New Jersey Certified Lab # 14751

New York Certified Lab # 11402

INTEGRATED ANALYTICAL LABORATORIES
CHAIN OF CUSTODY

Phone # (973) 361-4252
Fax # (973) 989-5288

273 Franklin Rd
Randolph, NJ 07869

CLIENT & PROJECT

Name: A+F Electroplating
Address: 106 Ashland Ave
W. ORANGE, NJ 07052
Telephone #:
Fax #:
Project Name: PVSC Sampling
Project Manager:
Reference ID#: PO#:

REPORTING

Fax to: ENVIRO-COMP
Fax #: 633-7643
Report to: ENVIRO-COMP
Address: PO Box 3457
WAYNE, NJ 07474
Invoice to: ENVIRO-COMP
Address:

Turnaround Time

Conditional / TPHC: 24 hr* 48 hr 72 hr 1 wk (NA) Other:
Verbal/Fax: 24 hr* 48 hr* 72 hr* 1 wk* (2 wk) Other:
Hard Copy: 72 hr* 1 wk* 2 wk* (3 wk) Other:
*Prior to sample arrival, Lab notification is required.

Report Format

(Results Only)
Reduced
Regulatory
SRP Disk**: dbf or wk1
Other:

ANALYTICAL PARAMETERS / PRESERVATIVES

** Circle format required

Preservatives: 1. HCL 3. HNO_3 2. NaOH 4. H_2SO_4 5. MeOH 6. Other

COOLER TEMP 4 °C

SAMPLE MATRIX: W Waste, SL Sludge, A Aqueous, O Oil, X Other, S Soil, GW Groundwater, SOL Solid

SAMPLE INFORMATION

Sample ID	Sample Description	Sampling Date	Sampling Time	am	pm	Matrix	# of Containers	Lab ID	(CN (A)	BOD TSS	CD Pb	CR CU	NI ZN	HG	Comments
01	GRAB	3/8/01	10:00	X		A	1	01	X						
02	Composite	3/8/01	4:00		X	A	2	2		X	X	X	X	X	

Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any ambiguities have been resolved.

Concentrations Expected: LOW MED HIGH

Known Hazard yes no
Describe

CUSTODY LOG

Signature	Date	Time	Signature
Relinquished by: [signature]	3-9-01	1:00 PM	Received by: [signature]
Relinquished by: Peter Smigel	3-9-01	3:00 PM	Received by: Gail Caminita
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

LAB COPIES - WHITE & YELLOW: CLIENT COPY - PINK

Comments:

Lab Case # 1476

PAGE: 1 OF 1